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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *OK AL*  
 This appln claims benefit of 60/448,312 02/14/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE AL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/13/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Amitt Kumar AL</i> Examiner's Signature Initials	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
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 23552  
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TITLE  
 Expandable intervertebral implant cage

FILING FEE  RECEIVED 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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